

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/11/2014
NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 801 N HUNTINGTON AVE WARREN, IN 46792		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Licensure Survey.</p> <p>Survey dates: August 4, 5, 6, 7, 8 and 11, 2014</p> <p>Facility number: 000542 Provider number: 155705 AIM number: 100267380</p> <p>Survey team: Jason Mench, RN, TC Angela Selleck, RN Tina Smith Staats, RN Shelley Reed, RN (August 4, 5, 6, 7 and 11 2014) Vickie Nearhoof, RN (August 4, 5, 6, 7 and 8 2014) Deb Barth, RN (August 4, 5, 6, 7 and 8 2014)</p> <p>Census bed type: SNF: 8 SNF/NF: 138 Residential: 172 Total: 318</p> <p>Census payor type: Medicare: 8 Medicaid: 69 Other: 241 Total: 318</p> <p>Residential sample: 9</p> <p>Heritage Pointe was found to be in compliance with 410 IAC 16.2-5.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE